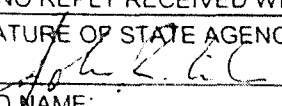




TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 04 -- 021	2. STATE: MAINE
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE(S) 1/1/05	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: CFR 440.120	7. FEDERAL BUDGET IMPACT: a. FFY 05 \$ (65,000) b. FFY 06 \$ (85,000)		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1A, P. 5; ATT. TO ATT 3.1A P. 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 3.1A, P. 5; ATT. TO ATT 3.1A P. 5		
SUBJECT OF AMENDMENT: LIMITS ON ORTHOTICS/PROSTHETICS			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
<input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMISSIONER, DEPT. OF HUMAN SERVICES			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: CHRISTINE GIANOPOULOS Acting Director, Bureau of Medical Services #11 State House Station 442 CIVIC CENTER DRIVE Augusta, ME 04333-0011		
13. TYPED NAME: JOHN R. NICHOLAS			
14. TITLE: Commissioner, Maine Department of Health and Human Services			
15. DATE SUBMITTED: DECEMBER 20, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/28/2004	18. DATE APPROVED: 		
PLAN APPROVED - ONE COPY TO BE RETURNED TO REGIONAL OFFICE			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2005	20. SIGNATURE OF REGIONAL ADMINISTRATOR: 		
21. TYPED NAME: Richard R. McGreal	22. TITLE: Acting Associate Regional Administrator, Division of Medicaid and Children's Health		
23. REMARKS			

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

X	Provided:	No limitations	X	With limitations*
	Not Provided.			

X	Provided:	No limitations	X	With limitations*
	Not Provided.			

<input checked="" type="checkbox"/>	Provided:	No limitations	<input checked="" type="checkbox"/>	With limitations*
	Not Provided.			

☒ Provided: No limitations ☒ With limitations*
Not Provided.

☒ Provided: No limitations ☒ With limitations*
☐ Not Provided.

Effective Date: 1/1/05

State/Territory: Maine

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY
NEEDY**

Item 12a Prescribed Drugs

Limited to prescribed medications, including certain prescribed over-the-counter drugs. Utilization of certain covered drug products may be restricted by means of the prior authorization process, in compliance with federal law. Drugs that do not require prior authorization are considered preferred.

The State is in compliance with Section 1927 of the Act. Based on the requirements for Section 1927 of the Act, the State has the following policies for the supplemental rebate program for the Medicaid population:

- a. A June 16, 2003 version of the rebate entitled "Supplemental Rebate Agreement" between the State and a drug manufacturer for drugs provided to the Medicaid population has been authorized by CMS.
- b. Funds received from supplemental rebate agreements will be reported to CMS. The State will remit the Federal portion of any supplemental rebates collected.
- c. Manufacturers with supplemental rebate agreements are allowed to audit utilization data.
- d. The unit rebate amount is confidential and cannot be disclosed in accordance with Section 1927(b)(3)(D) of the Social Security Act (the Act). No changes will be made to the agreement without CMS authorization. Supplemental rebates received pursuant to these agreements are only for the Medicaid Program.
- e. The State may negotiate the Supplemental Rebate Agreement that would classify any covered drug as preferred for as long as the agreement is in effect.
- f. The prior authorization process for covered outpatient drugs conforms to section 1927(d)(5) of the Act.

Item 12b Dentures

Limited to permanent dentures, with prior authorization required for partial dentures. Individuals age 21 and over with qualifying medical conditions, submitting requests for prior authorization, will be considered for full and partial dentures or other appropriate dental services under the adult dental services criteria. Prior to approving adult dental services the department determines that the provision of those services is medically necessary to correct or ameliorate an underlying medical condition, and will be cost-effective in comparison to the provision of other covered medical services for the treatment of that condition.

Item 12c Orthotics and Prosthetics

Only one pair of orthotic shoes and one pair of inserts will be allowed per year for adults age 21 and over.

Item 12d Eyeglasses

Limited to first pair of eyeglasses for individuals not covered under EPSDT when the power is equal to or greater than +10 diopters. The volume purchase of eyeglasses limits the selection of frames and lenses to a basic assortment from one supplier.

TN No. 04-021

Supersedes

Approval Date **3/16/05**

Effective Date: 1/1/05

TN No. 03-001